

Related Conditions Eligibility Screening Instrument

		Date of Application (MM/DD/YYYY)
Section 1 — Applicant Data		
Applicant Name (Last, First, MI)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (MM/DD/YYYY)
Social Security No.	Presenting Diagnosis(es)	
Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other		
Informant's Name (family member or other persons assisting the individual with this form)		Informant's Relationship to Applicant

Section 2 — Functional Criteria

- Manifested before the age of 22 ☐ Yes ☐ No
- Likely to continue indefinitely ☐ Yes ☐ No

Section 3 — Major Life Activities

A. Self-Care: Individual often needs the help of another person or a mechanical device, or takes a long time to take care of:

- Personal hygiene – toileting, washing and bathing, tooth brushing ☐ Yes ☐ No
- Grooming – dressing, undressing, hair and nail care, overall appearance ☐ Yes ☐ No
- Feeding – eating/drinking, using utensils, chewing and swallowing ☐ Yes ☐ No
- Needs to be prompted to take care of personal hygiene, grooming or feeding..... ☐ Yes ☐ No

B. Receptive and Expressive Language: Individual needs daily assistance from another person, or a person with special skill (such as sign language), or a mechanical device to communicate (verbally or non-verbally).

Expressive:

- Has difficulty speaking intelligibly..... ☐ Yes ☐ No
- Has difficulty sharing information or communicating wants or needs ☐ Yes ☐ No

Receptive:

- Has difficulty hearing (without a hearing aid) ☐ Yes ☐ No
- Has difficulty understanding an ordinary conversation ☐ Yes ☐ No

C. **Learning:** The individual needs special assistance to aid learning. The person may be unable or have very limited ability, even with special intervention, to acquire knowledge or to transfer knowledge or skills to new situations. The person may have difficulties with:

- Cognition – recognition of persons, places, events or objects ☐ Yes ☐ No
- Retention – short and/or long-term memory ☐ Yes ☐ No
- Reasoning – ability to grasp concepts, to perceive “cause and effect” relationships, ability to generalize information and skills from one situation to another ☐ Yes ☐ No
- Academic skills – reading and/or writing, numerical concepts (arithmetic, money and value of objects) ☐ Yes ☐ No

D. **Mobility:** Individual needs the assistance of another person or a mechanical device, takes a long time or requires a barrier-free environment in moving from place to place in home or community.

Note: This does not refer to the ability to operate motor vehicles or use public transportation.

- Individual needs or uses crutches, walker or wheelchair for mobility ☐ Yes ☐ No
- Individual walks independently, but takes a long time due to gait or coordination difficulties ☐ Yes ☐ No
- Individual requires assistance in performing activities requiring manual dexterity, fine motor control or eye-hand coordination, such as using locks, appliances or light switches ☐ Yes ☐ No

The following major life activities (self-direction and capacity for independent living) must be considered in relation to age appropriateness and would generally not apply to individuals below the age of 10.

- E. **Self-direction:** Individual needs help in making judgments and decisions concerning personal or social life. They may also need someone to help protect their interests or rights (property rights, civil rights, voting rights).
- Emotional development – unable to routinely cope with fears, anxieties or frustrations; emotionally unstable; exhibits low self-esteem..... ☐ Yes ☐ No
 - Interpersonal/family relations – has difficulties in establishing and maintaining relationships with family or peers; lacks social maturity and awareness; is unable to protect self from exploitation ☐ Yes ☐ No
 - Initiative – unable to make independent decisions regarding daily schedules or time management; unable to manage personal finances or initiate routine medical care ☐ Yes ☐ No
 - Personal independence – unable to make major life decisions concerning work, marriage, voting, where to live... ☐ Yes ☐ No
- F. **Capacity for Independent Living:** The individual is unable to live independently or to maintain normal societal roles, and may present a danger to him/herself without the assistance or supervision of another person.
- Cannot perform simple household tasks such as bed-making, sweeping and washing dishes ☐ Yes ☐ No
 - Cannot manage multiple step activities such as meal planning and preparation, house cleaning, laundry (care and selection of clothing), home repair and maintenance, and household and personal safety ☐ Yes ☐ No
 - Cannot travel around neighborhood independently without presenting significant risk of harm to self or others ☐ Yes ☐ No
 - Has difficulty using the telephone, using public transportation or going shopping ☐ Yes ☐ No
 - Does not comprehend rules, restrictions, laws or contracts..... ☐ Yes ☐ No
 - Has physical impairments that prevent him/her from living independently unless support services (such as attendant care or homemaker services), special equipment, accessible environments and/or skills training are provided..... ☐ Yes ☐ No

Section 4 – Summary

(A) Summarize Section 2 – Functional criteria are all marked “Yes”: ☐ Yes ☐ No

(B) 1. Summarize Section 3 – Major life activities below:

Note: For each “Yes” response below there must be at least one “Yes” in the corresponding activity in Section 3 above.

- A. Self-Care (one or more)..... ☐ Yes ☐ No
- B. Receptive/expressive language (one or more) ☐ Yes ☐ No
- C. Learning (one or more) ☐ Yes ☐ No
- D. Mobility (one or more)..... ☐ Yes ☐ No
- E. Self-direction (one or more) ☐ Yes ☐ No
- F. Capacity for independent living (one or more) ☐ Yes ☐ No

Note: Consider age as a factor when scoring self-direction and capacity for independent living.

(B) 2. Does the total “Yes” in A. through F. above indicate substantial limitations in **three or more** major life activity areas? ☐ Yes ☐ No

(C) **This applicant** ☐ **does** ☐ **does not** **meet the eligibility requirements for having a related condition.**

Note: Both (A) and (B) 2. must be marked “Yes” to meet eligibility requirements.

Signature – Applicant

Signature – Informant
(family member or other persons assisting the individual with this form)

Signature – Case Manager/HCSSA Nurse

Date